

STATE OF SOUTH DAKOTA
DEPARTMENT OF EDUCATION
Request to View Summative Assessment Records

Student First Name (Printed) M.I. Last _____
_____/_____/_____
Date of Birth _____
_____/_____/_____/_____/_____/_____/_____/_____/_____
State Student ID Number (8 or 9 digit)

Grade (at time of testing) _____
District Name _____
School Name

Year test was taken

Test

- South Dakota English Language Arts Assessment
- South Dakota Math Assessment
- South Dakota English Language Arts Alternate Assessment
- South Dakota Math Alternate Assessment
- South Dakota Science Assessment
- South Dakota Science Alternate Assessment

Parents and legal guardians of students who were enrolled full-time or part-time in South Dakota public schools during state testing may view their child's assessment.

This form must be completed for each student and must include the student's State Student Identification Number. This number is found on a students' Score Report or it can also be obtained from your local school district. This form must be returned to the South Dakota Department of Education at the address below. The Department will work with you and your school district to schedule a review date for the requested materials either in your school district or at the SD DOE offices.

Print Parent/Legal Guardian Name _____
Signature _____
_____/_____/_____
Date

Street Address (Apt Number or P.O. Box) _____
(_____)_____-_____
Daytime Telephone Ext. _____

City, State, ZIP _____
Email

Return to:
Assessment Office
ATTN: Request to View
SD Department of Education
800 Governors Drive
Pierre SD, 57501

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|  south dakota DEPARTMENT OF EDUCATION | SD DOE Use Only | | | Gen | Alt |
| | Date Rcvd | Date Rqst vendor | Date Rqst dist | Date Review | |

| | _ELA_M_S | Date Rcvd vendor | Date Rcvd dist | Location |
|--|----------|------------------|----------------|----------|
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